

## THE PERKIN-ELMER CORPORATION

SALES ORDER NO.

MAIN AVENUE, NORWALK, CONNECTICUT  
TELEPHONE: VICTOR 7-2422

71696

ORIGIN AREA-S	DEST- AREA-S	DESTIN- ATION	CUSTOMER'S ORDER NO., REQ. NO., AND DATE	QUOTE NO.	NO. INV.
	(036)	000	AF 33(600)	4134	1

FOIAb3a  
OMAR  
c/o

INVOICE NO.

14416

INVOICE DATE

5/25/59

DATE SHIPPED

TERMS: 30 DAYS NET - NO CASH DISCOUNT

XXXXXX

PPD - COL

F.O.B. SELLERS FACTORY  
UNLESS OTHERWISE SPECIFIEDPARTIAL  
X

COMPLETE

## INVOICE ONLY

ITEM NO.	QUAN.	PART NO.	CODE	DESCRIPTION	QTY. SHIP.	UNIT PRICE	INVOICE AMOUNT
				SERVICES RENDERED FROM 28 MARCH 1959 TO 1 MAY 1959			
				DIRECT COST			\$4,500.97
				GENERAL AND ADMINISTRATIVE			675.15
				TOTAL CURRENT CLAIM			<u>\$5,176.12</u>

EXAMINE MATERIAL ON RECEIPT. IF DAMAGED, ENTER CLAIM AGAINST CARRIER AS OUR RESPONSIBILITY CEASES WHEN MATERIAL IS DELIVERED TO CARRIER. CLAIMS FOR SHORTAGE MUST BE MADE WITHIN FIVE DAYS FROM RECEIPT OF GOODS. GOODS WILL NOT BE ACCEPTED FOR CREDIT AFTER 30 DAYS FROM DATE OF INVOICE.

Approved For Release 2000/04/18 : CIA-RDP81B00879R000100080027-8  
SERVICES OTHER THAN PERSONAL

~~XXX~~ OMAR c/o [REDACTED] FOIAb3a  
(Department, bureau, or establishment)

Voucher prepared at NORWALK, CONNECTICUT, MAY 25, 1959  
(Give place and date)

THE UNITED STATES, Dr., Payee's Account No. \_\_\_\_\_

To THE PERKIN-ELMER CORPORATION  
(Payee)

MAIN AVENUE NORWALK CONNECTICUT  
(Address) (City) (State)

PAID BY
<i>Encl #1</i>
645-0284
COPY 1 OF 2

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
28 MARCH 1 MAY	1959 1959	COST CLAIMED IN ACCORDANCE WITH CLAUSE 4 OF THE CONTRACT				\$5,176	12
Use continuation sheet(s) if necessary							
Total						\$5,176	12

PAYMENT:

Complete ☐  
Partial ☒  
Final ☐

Shipped from \_\_\_\_\_ to \_\_\_\_\_ Weight \_\_\_\_\_ Government B/L No. \_\_\_\_\_ Total \$5,176 12

I certify that the above bill is correct and just and that payment has not been received.

\*SEE ATTACHED FORM 1035  
(Sign original only)

Date \_\_\_\_\_ \*Payee \_\_\_\_\_  
(This certificate not required when a like certificate is made by payee on attached bill or bills)

(Payee must NOT use this space)

Differences \_\_\_\_\_

Amount verified; correct for \_\_\_\_\_

(Signature or initials)

Per \_\_\_\_\_ Title \_\_\_\_\_  
Contract No. AF33(600) Date 4-15-59 Req. No. \_\_\_\_\_ Date \_\_\_\_\_ Invoice Rec'd. \_\_\_\_\_

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ \_\_\_\_\_

† \_\_\_\_\_  
(Authorized Certifying Officer)

By \_\_\_\_\_

SIGN  
ORIGINAL  
ONLY

Title \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. \_\_\_\_\_ dated \_\_\_\_\_, 19\_\_\_\_, for \$ \_\_\_\_\_ (on Treasurer of the United States in favor of payee named above.)  
Cash, \$ \_\_\_\_\_, on \_\_\_\_\_, 19\_\_\_\_. Payee \_\_\_\_\_ (Sign original only)

\* When a voucher is prepared by a payee, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example, "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.  
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ \_\_\_\_\_", and

Title \_\_\_\_\_



Public Voucher for Purchases and  
Services Other Than Personal

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## CONTINUATION SHEET

OMAR c/o [REDACTED] FOIAb3a Sheet No. 1 of Bureau Voucher No. 1  
(Department, bureau, or establishment)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUAN- TITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
28 MARCH	1959	MATERIAL				\$ 43	78
1 MAY	1959	TRAVEL				362	71
		OTHER EXPENSES				9	57
		DIRECT LABOR:					
		ENGINEERING				2,439	22
		DIRECT OVERHEAD:					
		ENGINEERING [REDACTED]				1,645	69
		TOTAL DIRECT COST				\$4,500	97
		GENERAL AND ADMINISTRATIVE EXPENSE [REDACTED]				675	15
		TOTAL CURRENT CLAIM				\$5,176	12
		CONTRACTORS CERTIFICATE:					
		I CERTIFY THAT THE ABOVE BILL IS CORRECT AND JUST AND THAT PAYMENT THEREFORE HAS NOT BEEN RECEIVED					
		FOIAb3a [REDACTED]					
		FOIAb3a [REDACTED]					
		VICE PRESIDENT					
		TREASURER-COMPTROLLER					
		THE USAF AUDITOR HAS PROVISIONALLY PASSED THE FOLLOWING OVERHEAD AND GENERAL AND ADMINISTRATIVE RATES FOR THE MONTH ENDING MAY 1, 1959.					
		PRIME CPFF SUB-CPFF					
		ENGINEERING [REDACTED]					
		G AND A					
		* ENGINEERING OVERHEAD IS PROVISIONALLY PASSED AT CONTRACTOR'S YEAR TO DATE INCURRED RATE LESS \$0.05 PER HOUR.					
		FOIAb3a [REDACTED]					
		USAF AUDITOR					